

Preferred Drug List Guide



Preferred Drug List (PDL) Guide

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How We Select Preferred Drugs

QualChoice’s prescription drug coverage is based on the drugs listed in our **Preferred Drug List (PDL)**. It includes both generic and brand-name drugs that are chosen for safety, effectiveness, and cost. This is only a guide and not a full drug list.

Preferred drugs are chosen based on the guidance of the QualChoice Pharmacy & Therapeutics Committee. This group is made up of practicing doctors and pharmacists from our service area(s). They look at drugs regulated by the FDA — both those newly approved and those that have been on the market for some time. Drugs are chosen for safety, effectiveness and cost in comparison to others on the list.

QualChoice Formularies

We offer three *formularies*. Each formulary has a PDL.

Essential	Enhanced	Basic
Used for all Gold, Silver and Bronze plans, whether purchased on or off the Health Insurance Marketplace.	Our standard formulary for non-metallic plans.	The most restricted formulary with the fewest covered brand drugs and additional ‘closed’ categories.

Your Preferred Drug List (PDL)

If you know the name of your formulary, go to *QualChoice.com* and select *Pharmacy* to view or print a current PDL. If you do not know the name of your formulary, log in as a member at *QualChoice.com* then select *Your Drug Formulary*. You can also call us at 800.235.7111 or 501.228.7111 and ask for a copy to be mailed to you.

Print your PDL and take it with you when you or a covered family member sees a doctor or other medical provider. We encourage doctors to prescribe drugs on this list when they are medically right for you. In every case, choices about your healthcare and treatment are always between you and your doctor.

A sample PDL is shown on page 5.

A: The 1st column of the PDL is for major drug categories (such as antibiotics) which are then broken down into sub-categories (such as penicillins). The first column also tells you if there is a *restriction* on the drug such as pre-authorization (PA), quantity limits (QL) or step therapy (ST).

B: The 2nd, 3rd, and 4th columns list the drug's tier level. Each drug is listed in one of three payment tiers. Specialty drugs are most often in Tier 5. Tier 5 drugs may have a higher co-payment or deductible and coinsurance, based on your plan. To see what you will pay for a specialty drug, check your *Benefit Summary*. If you do not have a copy, log in as a member at *QualChoice.com* and select *Your Benefit Booklet*. You can also call us at 800.235.7111 or 501.228.7111 and ask that a copy be mailed to you.

For more on your specific drug coverage, check your *Evidence of Coverage (EOC)* or *Certificate of Coverage (COC)*. If you do not have a copy, log in as a member at *QualChoice.com* and select *Your Benefit Booklet*. You can also call us at 800.235.7111 or 501.228.7111 and ask for a copy to be mailed to you.

PDL Changes/Updates

We try to make as few changes to the PDL as possible. Most often PDLs are changed when:

- A generic version of a covered brand-name drug becomes available
- The brand-name drug moves to a higher tier
- The brand-name drug moves to a 'not covered' class

In some cases, the need for pre-authorization (pre-approval), step therapy, or quantity limits may also be added to new and/or current drugs.

Medication Not Listed

If your drug is not listed on your PDL, log in as a member at *QualChoice.com* and select *Your Drug Formulary*. You will be taken to your *myCatamaranRx* page where you can select 'Drug Lookup'. You can also look up pricing for your prescriptions with their 'Price and Save' tool.

Be sure to check your *EOC* or *COC* to see if your medication is in an excluded category. If it is, then your doctor or pharmacist should be able to help you find a medication that is covered. Always talk to your doctor about your drug coverage to find the least costly drugs that will work well for you.

Member Payment Tiers

Each drug falls into one of four member payment categories or "tiers". Each tier has a different cost share.

Tier 1 – Lowest Co-payment

Most (but not all) generic drugs are in Tier 1. For the lowest out-of-pocket cost always ask your doctor if a Tier 1 drug would work for you.

Tier 2 – Middle Co-payment

If your drug is in Tier 2, ask your doctor if a Tier 1 drug might work for you.

Tier 3 – Highest Co-payment

If your drug is in Tier 3, ask your doctor if a Tier 1 or Tier 2 drug might work for you.

IMPORTANT

Formularies may be changed at any time without notice.

We make every effort to let members *who may be affected by a change* know ahead of time (other than when a generic version is added).

Even if a medication is listed on a PDL it may not be covered by your specific plan.

Always check your *EOC* or *COC*.

Tier 5 — Specialty Drugs

Specialty drugs need special handling. They are used to treat complex or rare health problems and are very costly. These drugs must be filled by our preferred specialty pharmacy, **BriovaRx**.

Examples of specialty drugs are: Enbrel, Humira, Avonex, Copaxone, Betaseron, growth hormone, and Forteo. Specialty drug coverage varies by plan. Most specialty drugs are covered by a co-payment. But some plans cover them based on deductible and co-insurance.

Be sure to check your *Benefit Summary* about specialty drug coverage under your plan. To view a list of common specialty drugs go to QualChoice.com; select *Pharmacy*, then select *Commonly Used Specialty Drugs*.

Generic Drugs

Brand drugs that are available as a generic are noted on the PDL with an asterisk (*). A generic drug is FDA-approved and has the same active ingredients as the brand-name drug. The FDA looks for proof that the generic drug works as well as the brand-name drug. The FDA also makes sure the drug is made with the same methods and standards as the brand-name drug. As a rule, generic drugs are less costly than brand-name drugs and can save you money.

Coverage Restrictions

Some covered drugs may have added limits on coverage.

Pre-Authorization (PA)

Some drugs are covered only if pre-authorized (pre-approved). In the PDL these drugs are listed with (PA) next to their name. This means that you or your doctor will need to have approval before you fill the prescription. If you don't get approval, your medication may not be covered.

For a pre-authorization form you or your doctor may call **Catamaran** (an OptumRx company)¹ at 877.629.3118. Your doctor must fill out the form and send it to Catamaran.

Quantity Limits (QL)

Some drugs are covered only for a limited number of doses over a certain amount of time. This helps proper and efficient medication use and ensures patient safety. In the PDL these drugs have a (QL) next to their name. If you need more information about (QL) on a certain drug, call **Catamaran** at 877.629.3118.

Step Therapy (ST)

Drugs requiring step therapy have (ST) next to their name. Step therapy means that a certain drug requires use of some other drug first before it is covered. Step therapy starts with the most cost-effective and safest drugs then moves on to other more costly ones — *if needed*. Examples are muscle relaxants and some specialty drugs.

Appeal Process

You have the right to appeal any decision by QualChoice to not provide or pay for a medication. You may file an appeal by filling out the *Member Appeal Request Form* at QualChoice.com. You may also call us at 501.228.7111 or 800.235.7111 and ask for a copy to be mailed to you.

¹ QualChoice contracts with OptumRx, a Pharmacy Benefit Manager (PBM), to provide pharmacy benefit management and mail order pharmacy services.

Sample Preferred Drug List – Enhanced Formulary



ENHANCED FORMULARY

effective August 1, 2015

2015 Preferred Drug List

This Preferred Drug List (PDL) is a guide to care- and cost-effective medications covered on the QualChoice Enhanced Formulary. This list is not all-inclusive nor a guarantee of coverage. Plan benefit design is the final determinate of coverage. Certain medications may be subject to Quantity Limits (QL), Prior Authorization (PA) or Step Therapy (ST). The use of generic drugs can save both you and your health plan money. This list is subject to change at any time without notice. Please check www.qualchoice.com for the most up-to-date information.

Asterisk (*) denotes a generic equivalent is available. When a member chooses a covered brand name drug with a generic equivalent available, the member's share will equal the applicable brand co-pay^A plus the difference in cost between the brand and generic. For HDHP members, the cost difference does not apply to deductible or out-of-pocket maximum. ^B

Drug Category	Tier 1	Tier 2	Tier 3
Antibiotics - Cephalosporins	cefaclor, cefadroxil, cefdinir, cefprozil, ceftibuten, cefuroxime, cephalexin, cefpodoxime		Cedax*, Ceftin*, Cefzil*, Keflex*, Spectracef*, Suprax
Antibiotics - Fluoroquinolones	ciprofloxacin, ciprofloxacin ER, levofloxacin, moxifloxacin, ofloxacin		
Antibiotics - Macrolides	azithromycin, clarithromycin, clarithromycin ER, erythromycin		Dificid (PA), Zmax
Antibiotics - Penicillins	amoxicillin, amoxicillin w/ pot clavulanate, ampicillin, dicloxacillin, penicillin		Moxatag ER
Antibiotics - Other	doxycycline hyclate IR, doxycycline monohydrate IR, minocycline IR, tetracycline		Ketek, Sivextro, Zyvox
Antifungals	fluconazole(QL), griseofulvin, itraconazole, ketoconazole (PA), terbinafine, voriconazole		
Antivirals - Flu	amantadine, rimantadine		Relenza, Tamiflu
Antivirals - Herpes	acyclovir, famciclovir, valacyclovir		
Antivirals - HIV	All generics	Atripla, Epivir soln, Intelence, Kaletra, Norvir, Prezista, Reyataz, Truvada (PA), Viread	Complera, Evotaz, Isentress, Edurant, Prezcoibix, Triumeq, Viramune XR, Vitekta
Cardiovascular			

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Non-Discrimination and Accessibility Notice

QualChoice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. QualChoice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

QualChoice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (501) 228-7111. If you believe that QualChoice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the QualChoice Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Discrimination Grievance Procedures

It is the policy of QualChoice not to discriminate on the basis of race, color, national origin, sex, age or disability. QualChoice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the QualChoice Civil Rights Coordinator, who has been designated to coordinate the efforts of QualChoice to comply with Section 1557 (the "Section 1557 Coordinator"):

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QualChoice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QualChoice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President Corporate Responsibility within fifteen (15) days of receiving the Section 1557 Coordinator's decision. The Vice President Corporate Responsibility shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. QualChoice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government. ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalōk 1-800-235-7111 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711)。

Lao

ໂປດອຸາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-235-7111 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقم هاتف الصم والبكم: 117).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).